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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PBE address above, or being facaimile transmitted to the USPTO (703) 746-4000, on the date indicated below. ROCHE MOLECULAR SYSTEMS INC PATENT LAW DEPARTMENT 1145 ATLANTIC AVENUE ALAMEDA, CA 94501 Winsome St. Rose (Depositor's name) (Signature) (Doze FILING DATE FIRST NAMED INVENTOR APPLICATION NO. ATTORNEY DOCKET NO. CONFIRMATION NO. 09/756.743 01/10/2001 Jorg Kleiber 1803-337 TITLE OF INVENTION: MAGNETIC PIGMENT ISSUE FEE APPLN TYPE SMALL PRITTY PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1370 \$300 \$1670 01/14/2005 EXAMINER ART UNIT CLASS-SUBCLASS NAFF, DAVID M 1651 536-025400 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attentey or agent) and the names of up to 2 registered patent antomeys or agents. If no name is listed, no name will be printed. "Prec Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Roche Diagnostics GmbH Mannheim, Germany Please check the appropriate assignce category or categories (will not be printed on the patent) : 🚨 Individual 🚨 Corporation or other private group entity 🗖 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fec(s): 🕮 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card, Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number __50_0812______ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY starus. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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